

## EXHIBIT A

RECEIVED JAN 04 2017

LC 9.71

**NOTICE OF CMS CLAIM RESOLUTION OPT-OUT ELECTION**

First Name of Person Injured: MILDA

Last Name of Person Injured: MATTILA

If Injured person is deceased and the Claimant is the representative of their estate, please provide the name of the representative executing this form:<sup>1</sup> \_\_\_\_\_

NECC National Settlement Claim Number: 1913

If represented by counsel, please provide the following information:

Attorney Name: TODD S WEGLARZ

Firm Name: FIEBER, FIEBER, KENNEY & HARRINGTON

Firm Address: 19390 WEST 10 MILE RD,  
SOUTHFIELD MICH 48075

Telephone No. (248) 355-5148

I hereby inform the NECC Tort Trustee that the Claimant voluntarily and knowingly elects not to participate in the CMS Lien Resolution Program and understands that it is the Claimant's responsibility to resolve any claims that the Centers for Medicare and Medicaid Services (Medicare) and may have against the Claimant for health care cost reimbursement.

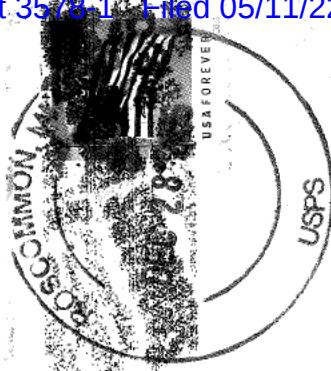
Dawn J. Mattila  
Claimant Signature P.O.A. FOR MILDA MATTILA

12-28-2016

Date

**Please Note: To be effective, this Notice of CMS Claim Resolution Opt-Out must be POSTMARKED within 30 days of the date of the NECC Tort Trustee's letter included in this packet of materials.**

<sup>1</sup> By execution of this Notice of CMS Claim Resolution Opt-Out I hereby also certify that I am the representative of the estate of the Claimant with the legal authority from a court of competent jurisdiction to sign this Notice of CMS Claim Resolution Opt-Out on behalf of the Claimant's estate.



DAVID MATTILA

2017 MAIL PPA 32

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NECC TORT TRUSTEE  
PO BOX 52330  
BOSTON, MA 02205  
LE 971

02205-233030